## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| Checkive December 6, 2004  |   |           |                                   |  |                                       |  |  |       | 10/3/1/0/              |                        |       |                            |                        |
|--|---|-----------|-----------------------------------|--|---------------------------------------|--|--|-------|------------------------|------------------------|-------|----------------------------|------------------------|
| CLAIMS A   |   |           |                                   |  | ED - PART                             |  | (Column 2)                             |       | SMALL ENTITY TYPE      |                        | OR    | OTHER<br>SMALL E           |                        |
| U.S. NATIONAL STAGE FEES   |   |           |                                   |  |                                       |  |  |       | RATE                   | FEE                    | ]     | RATE                       | FEE                    |
| BASIC FEE  |   |           |                                   | SMALL ENT. = \$ 150  |                                       | LARGE ENT. = \$ 300                    |  |       | BASIC FEE              |                        | OR    | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |   |           |                                   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                                       |  | All other situations = \$ 100 / \$ 200 |       | EXAM. FEE              |                        |       | EXAM. FEE                  | 200                    |
| SEARCH FEE   |   |           |                                   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                       | ALL other situations = \$ 250 / \$ 500 |  |       | SEARCH FEE             |                        |       | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |   |           |                                   | 2/ minus 100 =   |                                       |  | / 50 =                                 |       | X \$ 125 =             |                        |       | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |   |           |                                   | 18 minus 20 =  |                                       |  | * ~                                    |       | X \$ 25 =              |                        | OR    | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |   |           |                                   | 1  | minus 3 =                             | . –                                    | •                                      |       | X \$ 100 =             |                        | OR    | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                       | DENT C    | LAIM PRE                          | SENT   |                                       |  |  |       | + \$ 180 =             |                        | OR    | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |           |                                   |  |                                       |  |  | TOTAL |                        | OR                     | TOTAL | 900                        |                        |
| 0  | CLAIMS AS AMENDED - PART II (Column 2) (Column 3) |           |                                   |  |                                       |  |  |       | SMALL ENTITY           |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  | CLAIMS REMAINING AFTER AMENDMENT                  |           | NUM<br>PREVIO                     |  | HEST<br>MBER<br>IOUSLY<br>DFOR        | BER PRESENT<br>DUSLY EXTRA             |  | RATE  | ADDI-<br>TIONAL<br>FEE |                        | RATE  | ADDI-<br>TIONAL<br>FEE     |                        |
|  | Total   | •         | 8                                 | Minus  | ** 6                                  | 20                                     | - /                                    |       | X \$ 25 =              |                        | OR    | X \$ 50 =                  | 1                      |
|  | Independent                                       | *         |                                   | Minus  | ***                                   | 3                                      | = (                                    |       | X \$ 100 =             |                        | OR    | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |           |                                   |  |                                       |  |  |       | + \$ 180 =             |                        | OR    | + \$ 360 =                 |                        |
|  |   |           |                                   |  |                                       |  |  |       | TOTAL ADDIT.<br>FEE    |                        | OR    | TOTAL ADDIT.<br>FEE        |                        |
|  |   | (Col      | lumn 1)                           |  | (Colu                                 | ımn 2)                                 | (Column 3)                             |       |                        |                        |       |                            |                        |
| AMENDMENT B  |   | REM<br>Al | AIMS<br>IAINING<br>FTER<br>NDMENT |  | HIG<br>NUM<br>PREV                    | HEST<br>MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                       |       | RATE                   | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •         |                                   | Minus ·  | **                                    |  | =                                      |       | X \$ 25 =              | _                      | OR    | X \$ 50 =                  |                        |
|  | Independent                                       | •         |                                   | Minus  | ***                                   |  | =                                      |       | X \$ 100 =             |                        | OR    | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |           |                                   |  |                                       |  |  |       | + \$ 180 =             |                        | OR    | + \$ 360 =                 |                        |
|  |   |           |                                   |  |                                       |  |  |       | TOTAL ADDIT.<br>FEE    |                        | OR    | TOTAL ADDIT.<br>FEE        |                        |
|  |   |           |                                   |  | olumn 2, write "0'<br>HIS SPACE is le |  |  |       |                        |                        |       |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.